SUBMIT: COMPLETED APPLICATION, TAX Sayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT

Permit #:

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Date:

Amount Paid:

Happ (Received)
JUL 3 0 2012

Refund:

TYPE OF BERMIT RECUIESTED - LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE	Checks are made payable to: Bayfield County Zoning Department.  ON NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	vicerouctions. No permits will be issued until all fees are paid.
ANITARY 🗆 PRIVY 🗀 CONDITIONALI	TO APPLICANT. HOW DO I FILL OUT THE	Bayfield Co. Zoning Dept.
JSE SPECIAL USE	HOW DO I FILL OUT THIS APPLICATION (visit our website w	Refund:

			☐ Municipal Use			☐ Commercial Use			NCO CO C	Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (If permit being applied for is relevant to it)			□Ru	Re	000	) ) )		material   material		□ Non-Shoreland		Shoreland → V Is F		Section, T	1/4,		PROJECT Legal	Authorized Agent: (Person Sign		Mala 90 < Talk	D	TYPE OF PERMIT REQUESTED—  Owner's Name:	Checks are made payable to: Bayfield County Zoning Department.  DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
1	Spe	++	☐ Acc		Bun						<u> </u>	Princ			ermit being appli		Property	Run a Business on	Relocate (existing bldg)	☐ Conversion	Addition/Alteration	<b>New Construction</b>		Project (What are you applying for)			Is Property/Land within 1000 feet of	roperty/Land wi	, Township 43	. L/c		Legal Description: (Us	(Person Signing Application on behalf of Owner(s))		Talikadali Lake	Hambrocht	D→ X LAND USE	III ALL PERMITS H
Conditional Use: (explain)_	Special Use: (explain)	Accessory Building Addition/Alteration (specify)		Mobile Home (manufactured date)	Bunkhouse w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	with Attached Garage	with (2 <sup>nd</sup> ) Deck	with a Deck	with (2 <sup>nd</sup> ) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)			ed for is relevant to it)		Foulidation		1 0		on 3-Story + Loft	Ů¥°		# of Stories			Lake,	liver,	N, Range W	<u>ا</u> د	-	(Use Tax Statement) PIN:			Z C	-	JUSE □ SAN	AVE BEEN ISSUED TO APPLICA
	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	on/Alteration (specify	ify)	ify) en Grae Mechanica	or □ sleeping quarters,	Garage	11.				ā	ng shack, etc.)	Proposed Structure	Lengui.	Length:						& Year Kound		150000	Use			#		lown on:		CSM Vol & Page	PIN: (23 digits) 04-012-2-43-07-03-1	Agent Phone: Age	Phone:	7	15355 Hawborredt Kol	Address:	
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			-		es)			\  - 					Dim:						service contract)	or Vaulter	ists) Specify T	ary Specify Type:	Ť	What Type of Sewer/Sanitary System is on the property?			line:	#		Lot Size	Subdivision:	Volume 863	te/Zip):			1845		our website www
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				08									Footage	Square				,		on)			□ City	Water			% No	Are Wetlands Present?	688	e   3		s) 777	Written Authorization Attached  Yes No		hone:	%	716	HER

	,					Municipal Use				<ul><li>Commercial Use</li></ul>	
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FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES	Other: (explain)	Conditional Use: (explain)	Special Use: (explain)		Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify) Enlarge MEChanica 1 18881	Mobile Home (manufactured date)	Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & room prepriations.)	with Attached Garage	
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I (we) declare that this ay am (are) responsible for may be a result of Bayd above described propert Owner(s): White The American Street on the All Owners must sign or letter(s) of authorization must accompany this application) belief it is true, correct and complete. I (we) acknowledge that I (we) mining whether to issue a permit. I (we) further accept liability which charged with administering county ordinances to have access to the

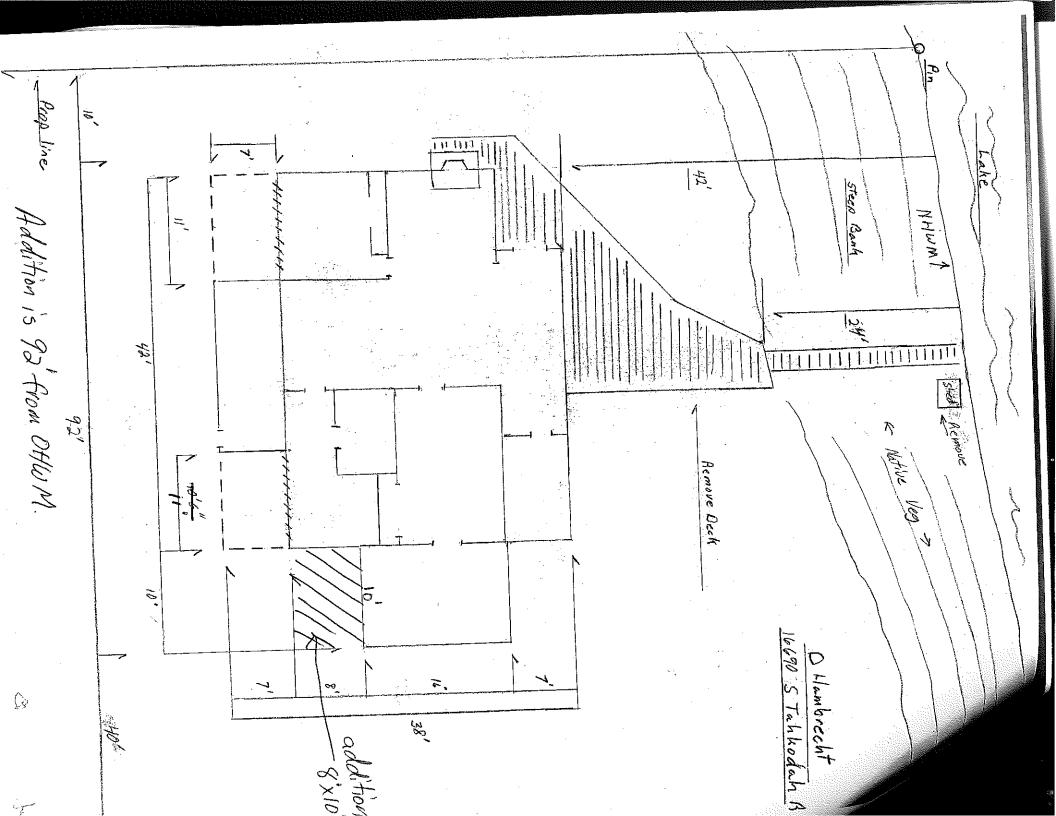
Authorized Agent: of authorization must accompany this application)

Recidion issuanted course in the new tension of the Same 'n vner(s) a letter

Attach
Copy of Tax Statement

Fryou recently purchased the property send your Recorded Deed

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Cox 58
Washburn, WI 54891
(715) 373-6138

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Sta D) RecEed E W E

AUG 09 2012

Permit #: Refund: Amount Paid: \$100 8-17-10 (MTERED)

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INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL DERMITS LANKE DESCRIPTION

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☐ City		<b>**</b>		1.00					material	Š
	perty?	Is on the property?	150	bedrooms	USE	and/or basement	blying for)	Project (What are you applying for)		
Water	y System	Sewer/Sanitary System	Sewe	<b>)</b> . +	<b>₩</b>	# of Stories			of Completion	
	о Т	What Type of								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		000000000000000000000000000000000000000	William Control of the Montrol of th						Mon-Shoreland	X.
		ieer			scontinue -	If yes-		. 10000		
N N	No.	feet	ture is from Shoreline :	Distance Structure	or Flowage	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage	and within 1	Property/L	] Shoreland → 🙀 🗆 ເ	⊔ Sh
Yes	□ Yes				-11	Floodplain?	Creek or Landward side of Floodplain?	k or Landw	C	
Present?	Floodplain Zone?	*			·	ilvei,	and within a	Property/L	5  _	
Are Wetlands	Is Property in	line:	Distance Structure is from Shoreline:	Distance Struct	_	on that of Divor Street				
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30	~ ~					N. Range W	<u>ت</u> ين	Township	بر ک	
	Acreage	Lot Size			Tourn of-			14000		
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		Subdivision:		Lot(s) No.	Vol & Page	-	_			- 5
	Page(s)	Volume		100 TOS	012-2-43-07-30-103-000-16000	(Use Tax Statement) 04- 01		Legal Description:	PROJECT Legal	•
ty Ownership)	Document: (i.e. Property Ownership)	Recorded Dα			digits)	PIN		I	SALAN VICE	
No	¥ Yes □ No	C	192 Japa	X	798-359 PO.		<u> </u>	$\frac{1}{2}$	(7)	~
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) } -—	Telephone:		등	City/State/Zip:	- 10	Mailine Address:	A LAND USE	100	TYPE OF PERMIT REQUESTED	TYPEO
ER	☐ B.O.A. ☐ OTHER		JSE 🔲 SPECIAL USE	CONDITIONAL USE	PRIVY	CANITARY		Section 10 March 100 March	PW Color	018013
4		Att decourant	APPLICATION (vision v	HOW BOY PRESOUT THIS APPLICATION (W		hecks are made payable to, beyind County Forming 1-17.  NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	MITS HAVE BE	ATIL ALL PER	e made payable to: vay	hecks are

FAILURE TO OBTAIN A PERMIT QL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT QL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of miv (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield Country in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield Country relying on this information I (we) am (are) providing in or with this application. I (we) consent to country officials charged with administering country ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owner(s):

(If there are Multiple Owners listed on the Deed d All Owners must sign or letter(s) of authorization must accompany this application) Date

Authorized Agent: XIMMU Self edge letter of authorization must accord for Issuant North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North End Ski Club P.O. Box G2, Caddress to send permit North P.O. Box G2, Caddress to send permit N pany this application)

Cally WI

Attach

J 5482 | Copy of Tax Statement |

If you recently purchased the property send your Recorded Deed

Date

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

AIR 1/2 AIM

construction		

snow Location of (\*):
Show:
Show:

North (N) on Plot Plan
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/
(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
(\*) Wetlands; or (\*) Slopes over 20%

SOGE

Show any (\*): Show any (\*):

Warming Stores +2

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Changes in plans must be approved by the Planning & Zoning Dept.

8 Setbacks: (measured to the closest point) Please complete (1) - (7) above (prior to continuing)

Setback from the North Lot Line Setback from the South Lot Line Setback from the West tot Line Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the East Lot Line Setback to Drain Field Setback to Septic Tank or Holding Tank Description Roy mum requir oense. Measurement 2550 a 10004 £02 Feet Feet Feet Feet Feet Feet etback, the boundary line from which the setback must be measured must be visible from Feet Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff Setback from **Wetland** Setback from **20% Slope Area** Elevation of Floodplain Setback to Well Description one prev 225 2425 2425 2426 Measurement NO

Feet Feet

Feet

Feet

Feet

Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten (10) feet of the other previously surveyed corner or marked by a licensed surveyor at the owner.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits.

Permit Denied (Date): Issuance Information (County Use Only) Granted by Variance (B.O.A.) Permit #: May Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Date of Inspection: Condition(s):Town, Com Was Parcel Legally Created Was Proposed Building Site Delineated Meets all setbacker ection Record 11050-101 mmittee or Board gonditions -20-12 Case #: ☐ Yes (Deed of Record) \_\_\_\_\_ Yes (Fused/Contiguous ☐ Yes \_\_\_\_\_\_ ⊠Yes ØYes (Fused/Contiguous Lot(s)) is Attached? Tyes, No -(I No they need to be attached.)

Numan Habitator, 1/6 □ 0 8 8 Reason for Denial: Sanitary Number: Permit Date: Inspected by: 0-15.8 N X NO 98-34 Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) □ Yes ≼ No Were Property Lines Represented by Owner # of bed counts To water under □ Yes Was Property Surveyed Case #: Row Date And Reserved Affidavit Required Affidavit Attached ⊠Yes □Yes Zoning District Lakes Classification ( Date of Re-Inspection: pressure M □ Yes 20 X K No 

Hold For Sanitary:

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Hold For TBA:

Hold For Affidavit:

Hold For Fees:

Date of Sprox

Signature of Inspector

7

Shug